

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**MAIER SERVICES, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

*DB*

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Corporate Filing Menu

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**MAIER SERVICES, LLC.**

**ARTICLE II – Address:**

The mailing address and street address of the principle office of the Limited Liability Company is:

**Principle Office Address:**

**Mailing Address:**

**33 CR 210**

**33 CR 210**

**OXFORD, FL 34484**

**OXFORD, FL 34484**

**ARTICLE III – Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**JON MAIER**

Name

**33 CR 210**

Florida street address (P.O. Box NOT acceptable)

**OXFORD, FL 34484**

City, State, and Zip

*Having been named as registered agent and to accept service of process for above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGRM

ION MAIER 90%  
33 CR 210  
OXFORD, FL 34484

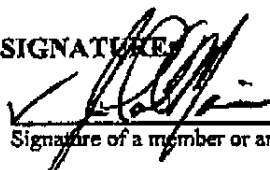
MGR

JASON A MAIER 10%  
602 2ND AVE  
WILDWOOD, FL 34785

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

ION MAIER  
Typed or printed name of signer

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